

Required for the Animal Care and Veterinary Nursing Programmes

The programme you have applied for requires all applicants to complete a declaration of health and a declaration of any criminal conviction(s), to ensure fitness to practice prior to acceptance into the programme. Convictions of any offence may not necessarily exclude applicants from enrolment. Any decision about convictions or medical conditions is made on a case-by-case basis at the discretion of the delegated authority.

Personal Details

Legal First Name(s):

Legal Surname:

Date of Birth:

DAY

MONTH

YEAR

Student ID (if known):

Criminal Declaration

Tick the box that applies

I declare that I have no pending or historical criminal conviction(s)
or
 I declare that I do have a pending or historical criminal conviction(s)

Please provide details below:

Health Declaration

Check the box if you live with the ongoing effects of any of the following:

- Mobility issues from: back, foot, leg, hand, arm or joint problems; or varicose veins
- Head injury, severe or recurrent headaches, epilepsy or any loss of consciousness
- Mental illness requiring psychiatric care
- A substance related disorder or dependence
- Medical issues such as heart, respiratory, kidney or blood pressure disorders or diabetes
- Sight or hearing impairment
- Allergies of any kind (please specify)

I declare that I have listed below any medical condition(s) (mental or physical) that **may** impact my ability to work safely in the animal healthcare context. If none, please write "N/A"

Privacy Declaration

Tick the boxes that apply

- Pursuant to Principle 11.1(a) of the Privacy Act 2020, I agree to the disclosure and use of the information on this form (and supporting information) by UCOL to work placements where I may be completing practical experience.
- I understand that I have the right to access and correct any of my personal information held by UCOL, and am required to update the information held about me should this change at any time while I am studying with UCOL.

Overall Declaration

Tick the boxes that apply

- I understand that if any false or deliberately misleading information is given, or any material fact suppressed, my enrolment may be terminated.
- I understand UCOL requires this information to ensure the safety of animals, public and staff in animal facilities and veterinary clinics where I may be completing practical experience.
- I understand that if anything changes in relation to this declaration after the date I have signed it, while I am an applicant or enrolled in an animal healthcare programme, I must notify UCOL immediately.

Signature of applicant:

Date: DAY MONTH YEAR

For applicants under the age of 18.

Full Name of parent or guardian:

Relationship to applicant:

Signature of parent or guardian:

Date: DAY MONTH YEAR

If you have any questions regarding this declaration, please contact

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